

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Name John Studley III		Title President		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City Coventry		State RI		ZIP 02816		Phone Number ()	
Business Associated with (Parent business or sub-entity) [REDACTED]				Own. % Business Associated with [REDACTED]			Effective Own. % in Applicant [REDACTED]		
Name David Turcotte		Title Vice President		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City Cranston		State RI		ZIP 02920		Phone Number ()	
Business Associated with (Parent business or sub-entity) [REDACTED]				Own. % Business Associated with [REDACTED]			Effective Own. % in Applicant [REDACTED]		
Name Nicholas Cirillo		Title Treasurer		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City Cranston		State RI		ZIP 02920		Phone Number ()	
Business Associated with (Parent business or sub-entity) [REDACTED]				Own. % Business Associated with [REDACTED]			Effective Own. % in Applicant [REDACTED]		
Name Amanda Cirillo		Title Secretary		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City Cranston		State RI		ZIP 02920		Phone Number ()	
Business Associated with (Parent business or sub-entity) [REDACTED]				Own. % Business Associated with [REDACTED]			Effective Own. % in Applicant [REDACTED]		
Name		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP		Phone Number ()	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant		
Name		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP		Phone Number ()	

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
S & N Realty , LLC			

Amanda Cirillo
 Authorized Signatory

1/24/19
 Click here to enter a date.
 Date

Amanda Cirillo
 Printed Name